

Commercial Parcel Inventory Form

Visit Date:		County Staff:		Time On Site: Time Off Site:	
Business Name:			WHPA: <input type="checkbox"/> 6 Mo <input type="checkbox"/> 1 Yr <input type="checkbox"/> 5 Yr <input type="checkbox"/> 10 Yr		
Business Owner:			Business Owner Address: City: State: Zip:		
Contact:			Title:		
Site Address: City: Zip: Phone:			Mailing Address: City: State: Zip: Phone:()		
Parcel #			EPA ID #:		
Land Owner: Address: City: State: Zip: Phone:()					
1. Nature of Property: <input type="checkbox"/> Home Business <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Other <input type="checkbox"/> Government Site (Circle one: County, City, State, Federal)					
2. Is the facility: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased					
3. What year did you begin conducting business at this site?					
4. What kind of past businesses have been conducted at the property (give years if possible)?					
5. Generator Status: <input type="checkbox"/> SQG <input type="checkbox"/> MQG <input type="checkbox"/> LQG					
6. Has there been past environmental inspections at the facility (Get a copy)? <div style="text-align: right;"> <input type="checkbox"/> Yes, Year_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown </div>					
7. Reserved					
8. Does facility have Material Safety Data Sheets for chemicals on-site? <input type="checkbox"/> No <input type="checkbox"/> Yes					
9. What is your facilities drinking water source? <input type="checkbox"/> City water <input type="checkbox"/> Community well <input type="checkbox"/> Private well <input type="checkbox"/> Unknown Name of water system (well #)					
10. Is there an on-site well? <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Decommissioned If well was decommissioned- Method: _____ Year: _____ Was well decommissioned by a licensed driller? _____					
11. What is facility's means of wastewater disposal? <input type="checkbox"/> City sewer <input type="checkbox"/> Community septic <input type="checkbox"/> Unknown <input type="checkbox"/> On-site septic (Type: Gravity, Mound, Sand filter, Pressure dist., other _____)					

12. Where does stormwater runoff go? (check all applicable answers) Flow Direction: <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW <input type="checkbox"/> Discharges to surface water (Circle One: Ditch, stream, river, wetland, lake, retention pond) <input type="checkbox"/> Discharges to a city storm drain <input type="checkbox"/> Discharges to a neighboring property <input type="checkbox"/> Does not run off-site (little slope, site vegetated) <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
13. Does the facility wash vehicles or equipment on-site? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable If yes, list method, equipment, location, and frequency?			
14. Does facility have floor drains? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable If yes, how many, where?			
15. Where do work area floor drains discharge? <input type="checkbox"/> City sewer <input type="checkbox"/> On-site septic <input type="checkbox"/> Community septic <input type="checkbox"/> City storm drain, ditch, stream, wetland or lake <input type="checkbox"/> Open bottom sump or vault <input type="checkbox"/> Unknown <input type="checkbox"/> Sealed (When) _____ <input type="checkbox"/> Other			
16. Does facility have an oil/water separator? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <u>If yes</u> , where does it discharge? <input type="checkbox"/> City sewer <input type="checkbox"/> On-site septic <input type="checkbox"/> Community septic <input type="checkbox"/> City storm drain, ditch, stream, wetland or lake <input type="checkbox"/> Other <u>If yes</u> ; How often is it cleaned? _____ When was last cleaning? By whom? _____ Where is sludge disposed?			
17. Does the facility have hydraulic lifts? <input type="checkbox"/> No <input type="checkbox"/> Yes, installation <u>If yes</u> , have you ever had any hydraulic leaks? <input type="checkbox"/> No <input type="checkbox"/> Yes, When <div style="text-align: right;">Quantity</div>			
18. Which type of spill kit does the facility have? <input type="checkbox"/> floor dry <input type="checkbox"/> absorbent pads <input type="checkbox"/> None <input type="checkbox"/> Other			
19. Has facility ever had fuel or heating oil tanks? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If yes, describe type: <input type="checkbox"/> AST <input type="checkbox"/> UST <input type="checkbox"/> Vehicle mounted <div style="margin-left: 100px;"> <u>Number of Tanks</u> <u>Liquid Contained</u> _____ <u>Containment</u> <u>Location (inside / outside)</u> _____ </div>			

INVENTORY OF HAZARDOUS MATERIALS AND WASTES

[illegible]**Comments:**[illegible]

SITE DRAWING

↑ North